		TELL	DIVISION OF CHIL	BLIC HEALTH AND SOCIAL SERV F ENVIRONMENTAL HEALTH LD CARE FACILITY	ICES	low	- marketine
BE/	ASON	IGRADE	Inspection Date:	PECTION REPORT ESTABLISHMENT NAME:		Manager and	
Regular		GHADE	05/24/2017	GUAM'S LITTLE TREASURE	=		
Follow-U Complain	Jp	B	Time In/Out:	OWNER/OPERATOR: DUENAS, KIMBERLEE			
Investiga Other:		RATING	Sanitary Permit No.:	LOCATION:	Establish	ment Type:	TERMINER
Olino		18		PERMIT STATUS:Valid			Expired
			Female 45 Total	Child Care License: No.: 150044 / V/	/ Valid /	/ Provisional	al / / Expired
The finspection	iollowing ite n or soone	er as the Dep	partment indicates. Non- request for hearing must	ay in the operations and facilities which n-compliance may result in downgradi at be submitted before the indicated co	ch must b ling or pe	pe corrected ermit suspen n date.	by the next nsion. To appea
1 CIVI	1			ARKS		4	CORRECT BY
				IN WAS CONDUCTED TODAY. IN			
				INSPECTION DATED 02/21/	,		
	WAS CO	TRRECTED); HOWEVEK, VIOL	ATION OF DEM # 29 ST	74_		
	BNSTED	, AND TH	TE FOLLOWING N	IEN VIOLATIONS WERE OBS	serves	: _	
2				, STORGO AT THE BACK SIDE		6	06/03/17
				F BAGS FOUND ON THE GROW			
				DOR, WATER LEAKING PRO		E THE	
	A/C UN	IT AND 1	POOLING IN FROM	UT OF MAIN GNAMICE; D	JINING.		
				GES BETWE STONED ON THE			
			NO NETTE THE TH			== 1 July - 53(1)	
				KEPT CLEAN AND ORDERL	y 70	_	
			MAN HAZMOS TO		7 ,		
	=						
13				R MOST RESTROOMS.			cos
	COS: O	ISPENSER	s were re-th	USO WITH PAPER TOWERS			1
	PM	PER TON	VERS SHOW HE	provided to promote pr	ROPER		
		INSTING.					
		A ENIA					
		(0)		AND RECEPTION AMEN THINE		2	06/23/17
	<u> </u>			ROOF; PAINT PEEUNG ON			
				n(s) and I am aware of the correct	tive me	asures to I	be taken.
cited a	above, the 10 days	ey shall be s of this ins	corrected within pection:	Received By (Name & Title): // Jenniter Umaget / Title): DEH Inspector (Name & Title):	Direct (for (<i>y</i>

SE SE		Tellb		IBLIC HEALTH AND SOCIAL SERV	ICES	iCiv	
			CHIL	LD CARE FACILITY			
AGE	idi			PECTION REPORT			K - HILLSYLGICL
RE Regular	EASON	GRADE	Inspection Date:	ESTABLISHMENT NAME: GUMS LITTLE THEASURES			
Follow-l		1 B	Time In/Out:	OWNER/OPERATOR: OUGNAS, KIMBERUE 9	F	menor e	
Investig		RATING	Sanitary Permit No.:	LOCATION:	Establish	ment Type:	OK/NURCEKY
	100	18	20000-160003023	PERMIT STATUS:Valid	Те	emporary	Expired
	_		Female 15 Total	Child Care License: No.: 150549 / V			
The inspection	ion or sooner	r as the Dep	partment indicates. Non request for hearing mus	ay in the operations and facilities which a compliance may result in downgradion between the submitted before the indicated complete.	ing or pe	rmit susper date.	nsion. To appeal
[C-141				ARKS		DEMERII	CORRECT BY
	· ·	DIER AM					
				BE KEPT CLETTY AND IN	6000	1 -	
	REPATR	TO PREV	ENT MOLD GROWTH	t:			
REPEA	u						
29		CF OF CU	UTTER AND DEAD	ROACHES FOUND IN LAWA	/	2	06/23/17
	STOPLAGE	FROOM:	RUSMARKS AND	D DROPPINGS FROM RODENT	T		11
		,		CENTROOM IN LANAY; JEW			
				THE FLOOR, AND WALL OF			
				IN LANTI, NUMBROUS DE			
				I SINK AND UNDER HANDW	MHERI	j	
	SINK 1	N THE I	NFANT/TONDLER	Mea.			
	1	177 IN 00	LECTING ONLY DELL	r then stau be appeau	UTBLY	_ 🖺	
	PROTECT	FO MONI	UST PESTS TO PILL	EVENT SPREND OF DISDIPLE	7 .		
31	OLD CRE	BS, OM	OBOAND HOXES, A	NO UNULED TEMS FOUND	O IN	2	
		HALLWAY NEXT TO K3-K4 MEA AND LETTHOOM.					
				CLEAN TO PREVENT HANGE	25120		
	OF PEST	13 .				W4-7	
33	ALL TOIL	ST FLOO	TRS HAVE DAKK	STAINS & PUST; WHE IN TO	ILET	4	16/23/17
20		A AGE TO	TON ROOM HONE				
I ha		/		n(s) and I am aware of the correc	tive me	asures to	be taken.
*Note:	e: When an	ny of the folloy shall be	llowing items are corrected within	Received By (Name & Title): Jennifer Umagat		itector/	/
(2), (4), (6	_	of this ins , (23), (24), (2		DEH Inspector (Name & Title): ניסו אווייט אייט א	j	25	

430	DEDARTMENT OF DURING UF ALTH AND COCIAL OF DWOED				
	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH				
(A) (C)	CHILD CARE FACILITY				
THE SHAPE OF THE PARTY OF THE P	INSPECTION REPORT				
RE.	ASON GRADE Inspection Date: ESTABLISHMENT NAME: OS 24 20 GUMS LITTLE TREASURES				
	Time In/Out! OWNER/OPERATOR:				
Investiga	1,0) 2/4	ment Type:			
Other:	Sanitary Permit No.: ThmuNING のかいで	ME CENT	BR/NURSERY		
	PERMIT STATUS: V ValidTe	emporary	Expired		
	ildren: Male Female Total Child Care License: No.: / Valid /				
The	following items identify violations found this day in the operations and facilities which must be	e corrected	by the next		
inspectio	n or sooner as the Department indicates. Non-compliance may result in downgrading or pe a written request for hearing must be submitted before the indicated correction	rmit susper	nsion. To appea		
ITEM*	REMARKS		CORRECT BY		
	TOILET PACILITIES SHAW BE CLEAN GO DAILY TO PROVENT	H. H. H. T. H.			
	MILEGO OF GERMS.				
0.1			— , ,		
34	SPRAY CLEANERS FOUND ON THE IN RESTMOOM NEXT TO	2	06/23/17		
	THE NEW ISDUATION ROOM.				
	CLEANING SUPPLIES AND EDUIPMENT SHAW DE	- ==	1-1-1-1		
	STOTUED IN LOCKED CABINETS TO PREVENT ACCESS BY COTLORED				
	The state of the s	1 = 1 1			
	FACILITY HATS BEEN SERVICED BY A PETT CONTROL COMPANY				
	EIGHT TIMES SINCE 03/22/17, FOR RODENT CONTINOL. CAST				
	RODENT SOUTTING WAS ON 04/19/17 PER DOCUMENT FROM	-X			
	PEST CONTROL COMPTRY. NO ACTIVE RODENT ACTIVITY SEEN TOOM		Name of the		
		- 1	-00024 11		
123	AC WAS WHORMEN OF THE IMPORTANCE OF IPM TO CONTROL		serie de la TAW		
	१६५ १वार्गाहर				
	PICTURET WERE TAKEN.				
	,				
	REMOVED "A" PLACALO NO. 01802.				
	PRISTED "B" JUNCOMO NO. 00872.				
	DISCUSSED THIS LEPOYLY WITH DIRECTOR, JENNIPER UNITERT	_			
l hav	e read and understand the above violation(s) and I am aware of the corrective me		ha talaan		
	When any of the following items are shove they shall be corrected within	asures to	De lakell.		
	space; they entire be confected within 1004. I'm this bod of 1111	ctor			
(0) (4) (0)	To days of this inspection: DEH Inspector (Name & Title):	<u>() </u>			
(<i>2</i>), (4), (6)), (14), (21), (23), (24), (27), (28), (39) & (40). LEUTH NOVEMBER , EXITY I	ダノ			